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BRIEF RULES FOR EXPLORATION OF THE CHEST, IN DISEASES OF  
THE LUNGS AND HEART.

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[Continued from page 360.]

**AUSCULTATION.**—Auscultation is the art of estimating by the ear the nature of the different sounds produced by natural processes within the body, more particularly within the chest; and of explaining these sounds by reference to their causes. These sounds may be heard most perfectly by the immediate application of the ear to the surface of the body, and this method is called *immediate* auscultation. It may also be heard by interposing between the ear and the patient's body, a solid substance capable of conducting sound, and this is called *mediate* auscultation. When a person breathes or speaks, the walls of the chest are made to vibrate in a manner which corresponds to the vibration of the parts immediately within them. This vibration is variously modified by disease, so that to the cultivated ear, the vibration of the walls of the chest expresses the pathological condition of the internal organs.

For most purposes immediate auscultation is preferable to mediate, since it is practised with greater ease and despatch, and in most cases gives more satisfactory results. But Laennec, the discoverer of auscultation, introduced an instrument, called a stethoscope, which is a hollow cylinder made of some light wood, having a broad surface for the ear at one end, and a trumpet-shaped cavity at the other. The trumpet-shaped extremity collects the vibrations of sound from a considerable space, and these are conveyed through the instrument to the ear. The original stethoscope of Laennec was a large and clumsy instrument, and is now superseded by others of more portable form and dimensions. Although the discoverer of auscultation seems to have considered his instrument as indispensable, and styled his great work a treatise on "Mediate Auscultation," yet the best auscultators of the present day make comparatively little use of instrumental assistance.

The chief cases in which the stethoscope is wanted in practice are, 1. To examine depressed surfaces of the chest, into which the ear cannot be inserted. 2. To explore very small spots or diseased portions of very limited extent. 3. To determine the exact boundaries of a pathological affection. If this is attempted by immediate auscultation, the observer is liable to be deceived in consequence of the conducting power of the

bones of the head. 4. When circumstances unconnected with science are opposed to immediate auscultation, such as the modesty of females and the squalid condition of the lower orders.

The patient to be ausculted should be placed in an even and easy position, so that one side may not be more prominent than the other, and the muscles may be equally relaxed. The erect position is to be preferred, when the patient's strength admits it. The less covering is left on the chest the better, and especially all substances which may produce a fallacious sound, as silk and woollen, should be removed. These precautions being attended to, the ear should be applied to different parts of the chest in succession; or if the stethoscope is used, it should be placed even, so that every part of its orifice may be in contact with the surface of the body. The attention should then be directed to the natural respiration, and to the respiration when forced by more rapid efforts of the patient. Afterwards the voice is to be attended to, and finally the sound of the cough. In all these a careful comparison is to be made between the sound emitted from corresponding parts of the two sides.

In immediate auscultation the ear is most easily directed to parts which correspond on opposite sides, by placing a finger underneath it as guide, and removing and replacing this by inspection. It is also useful in immediate auscultation to vary the position of the ear, by sometimes turning off the head so as to liberate the meatus, and still receiving the sound through the bones of the cranium. This may correct our first impressions. In this way a double sound of the heart can often be heard, when only one is heard by immediate application of the ear.

Two sounds are produced in natural respiration, and may be heard in every healthy person. The first of these, called *vesicular* respiration, is a soft breezy expansive murmur, which is audible when the ear is applied to most parts of the chest, but particularly the lower parts. It is confined chiefly to the act of inspiration, and the expiratory sound is scarcely heard in health, except in the upper and posterior parts, and in these places it is weaker than the sound of inspiration. The second, called *bronchial* respiration, is a more harsh and blowing sound, and may be heard in its greatest intensity by placing a stethoscope on the trachea, from which circumstance the highest degree of bronchial, is called *tracheal* respiration. It is heard in a less degree opposite the root of the lungs, between the scapulæ and the spine. It occurs both in inspiration and expiration.

Vesicular respiration is apparently produced by the entrance of air into the pulmonary vesicles. Bronchial respiration seems to be caused in part by the passage of air through the bronchi and their branches, but is chiefly conducted, like broncophony (hereafter described), from the fauces and larynx. In health there is somewhat more bronchial sound on the upper part of the right side than of the left, owing to the right bronchi being largest. The sounds in different individuals are found to vary greatly in intensity, owing to natural differences in the structure of the integuments, and the contents of the chest. But when in the same individual there is a difference in opposite and corresponding

parts of the chest, and the difference is not to be accounted for by the mechanism of the chest, which has been already explained, we infer the existence of disease. We suspect disease when the vesicular sound of any part is comparatively diminished or increased; also when it is replaced by bronchial respiration in a part to which the latter does not naturally belong.

When the respiratory sound is particularly feeble, or absent in any of the anterior parts of the chest, we suspect the existence of emphysema, or dilatation of the pulmonary vesicles, especially if there is a degree of roughness in whatever sound is heard; and the diagnosis is confirmed if there is resonant percussion. If feeble or absent respiration occurs at the posterior or inferior parts of the chest, we suspect pleurisy, and proceed to test the correctness of our diagnosis, by examining for the other signs of that disease. If feebleness be confined to the apex of the lungs, there may be tubercles; and if it varies, by recurring at periods of short duration, it is owing to the mucous obstructions attendant on bronchitis.

When the respiratory sound of any part of the lung is preternaturally loud, but otherwise healthy in its character, it constitutes *puerile* respiration, so called by Laennec, from its resemblance to the loud respiration of children. When this sound is universal, it merely indicates activity or functional excitement. But when it is confined to any one part of the chest, we at once suspect that some other part is diseased, for when one part of the lungs is disabled by disease from performing its proper function, the remaining parts take on a *supplementary* action, attended with greater labor and more sound.

When bronchial or harsh respiration is heard in parts where it ought to be vesicular, and especially if the expiration is bronchial, we infer that there is disease in the part thus affected. This is very commonly an induration of a part of the lung, by which the vesicles are filled up or consolidated, so that the vesicular sound is destroyed, while the consolidated portion conducts the sound from the bronchi directly to the ear. This happens in pneumonia, in which a part of the lung is hepatized; an affection which may occur in any part of the chest, but chiefly in the back; or it may take place in phthisis when a part of the lungs, usually near the summit, is indurated by tuberculous infiltration. Bronchial respiration is often heard in pleurisy, apparently when the effusion of fluid is such as to compress the air vesicles without compressing or obliterating the bronchi. It is also heard when a bronchus is preternaturally dilated.

*Rude* or rough respiration is a mixture of bronchial and vesicular sounds. It is heard in incipient phthisis, and in the lesser degrees of pneumonia and pleurisy.

When bronchial respiration is intense, so as to resemble the sound of air blown into the ear, it has been called *tubal*. The circumstance which is best suited to produce this sound is a dense hepatization, extending from the pleura to the trunk of a large bronchus.

*Cavernous* respiration is a modification of the bronchial. Its sound is so modulated as to convey to the ear the impression of air being alternately

drawn into and expelled from a cavity. It is commonly of small extent, and indicates an excavation of moderate size in the lungs. It is most clearly pronounced in tuberculous cavities, the walls of which are indurated. It may also exist, though more rarely, in abscess, in cavities from gangrene of the lungs, and in very large bronchial dilatations.

*Amphoric* respiration is well marked, and easy of recognition. It closely resembles the sound produced by inflating a recent bladder to a great degree of tension. It also is compared to the sound produced by blowing into a glass bottle or tumbler held near the mouth. It indicates the existence of large cavities, with firm or tense walls, around which the air reverberates in breathing. It accordingly exists in large tuberculous excavations of the lung, and less perfectly in the cavities which follow gangrene. In pneumo-thorax it is often highly distinct, especially if a free fistulous opening exists between the cavities of the pleura and bronchi, permitting the entrance and egress of air.

The sounds hitherto described are a sort of modification of the natural respiratory noise. There remain to be considered certain adventitious sounds, which are not present in healthy respiration, but occur in different diseases. These are commonly designated by the French term *râles*, which is the name originally given them by Laennec. The Latin name *rhonchus*, or *rhonchi* in the plural, is used to express the same thing. The English term *rattle* is sometimes used, but is liable to obvious objections.

The *sonorous* *râle* is a continuous sound, of a louder character than the rest, and has been compared to the pipe of an organ, the bass string of a viol, the creaking of a wagon wheel, or the cooing of a pigeon. It is heard both in inspiration and expiration. It commonly attends bronchitis or pulmonary catarrh, and is supposed to be caused by a thickening of the mucous membrane in some of the larger bronchi.

The *sibilant* *râle* is continuous like the former, but is more acute in its tone, resembling a low whistling sound. It is supposed to be produced in the smaller bronchial ramifications. It occurs in catarrhal affections, in which it is fugitive and often changes its place; also in emphysema, and in typhoid fever after the first week.

The two foregoing have been called *dry* *râles*, to distinguish them from those which follow, and which have been styled *moist* or *humid* *râles*. But there seems to be no good foundation for this distinction, since the facility with which the sonorous and sibilant *râles* change their places, appears to indicate the presence of fluid in the bronchial passages.

The *crepitous* *râle*, sometimes called the fine crepitous, has been compared to the crackling of salt thrown upon the fire, or the rubbing of one's own hair between the fingers close to the ear. It accurately resembles the sound of champagne or soda water, held in the mouth in a state of effervescence, or of the electric fluid drawn from a sharp point. It is sometimes heard after cough, when otherwise inaudible. It is most distinctly heard in common cases at the end of the inspiration. It belongs exclusively to pneumonia, and is pathognomonic of the first stage of inflammation, or that of pulmonary engouement. It said to be some-

times heard in healthy persons, on a single forcible inspiration, after which it disappears.

The *sub-crepitous* or *coarse crepitous* râle, resembles the former, but differs in the size of its bubbles, which are larger and more unequal, forming altogether a coarser sound. It is heard in catarrh, in which case it is usually audible on both sides at once. It exists in œdema of the lungs, and in pneumonia, when that disease is passing into resolution. If it is heard only on one side, and is confined to the top of the chest, we may suspect tubercles.

The *crackling* râle, *craquement* of the French, is a coarser sound than the last, and resembles a short valvular flapping. It is heard best immediately after cough, during the first inspiration, and affords the first sure indication of the softening of tubercles. It is usually met with at the top of the chest.

The *mucous* râle is a rattling sound, more loose and coarse than any of the preceding, and giving the impression of a fluid traversed by air in the bronchial passages. It is heard in all diseases of the lungs which are attended with a copious secretion of mucus or pus, such as catarrh, the advanced stages of pneumonia, and phthisis. A lesser degree of this sound is called *muco-crepitous*.

*Gurgling* râle, *gargouillement* of the French, is a bubbling sound, caused by the passage of air through a quantity of fluid contained in a cavity. It may exist in cavities produced by pneumonia, gangrene, or a dilated bronchus; also in the trachea and its large branches. But by far the most common source of this râle, is a cavity formed in the lungs in phthisis. It often alternates with cavernous and amphoric breathing, and apparently takes place whenever the level of the fluid rises above the bronchial orifice which supplies the cavity with air. It may often be produced by coughing, when it is not audible in any other way.

The sign called *metallic tinkling* resembles the snapping of a short musical wire, or it is like the sound of a glass or silver vessel when struck by a pin. It requires for its production a cavity having tense or indurated walls, and containing both air and liquid. It indicates the existence either of pneumo-thorax, or of a large tuberculous cavity. The immediate cause of metallic tinkling is the forcible or sudden disturbance of the liquid in a cavity like those mentioned. The explosion of bubbles of air from beneath the surface of the liquid, appears to be the most common cause of such a disturbance; but it may take place when a part of the liquid is thrown upward in the act of coughing, and falls back upon the remainder. A minor, or *sub-metallic* tinkling, having no musical resonance, may be produced by slight impulses given to the air in the cavity, such as the breaking of bubbles of mucus at orifices above the surface of the liquid.

The *sound of friction*, *bruit de frottement*, has been compared to the rubbing together of two pieces of leather. It conveys the idea of difficult friction, in which two opposing surfaces in close contact alternately move and catch upon each other. It is sometimes not only audible, but palpable to the hand. It exists in dry pleurisy, in which the opposite surfaces of the pleura are covered with a false membrane, or

coating of coagulable lymph, without the interposition of serum sufficient to prevent contact. It is most apt to occur after effused serum has been absorbed. It may take place in interlobular emphysema.

(To be continued.)

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LETTERS FROM THE WEST.—NO. II.

HEALTH OF LEXINGTON.—COLLEGE OF PHYSICIANS.—LUNATIC ASYLUM.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—Contrary to my expectations, I am still in Lexington. The place is such a delightful summer residence that I feel reluctant to leave it. It is generally healthy at this season of the year, and the southerner is always glad to leave his sultry home, and repair hither to inhale the invigorating air.

I forgot, in my first letter, to mention two institutions which should by no means be neglected. The first is the "College of Physicians and Surgeons," which was organized a few years since, and is composed of the profession in the medical school and the principal physicians of the city. It is an incorporated body, and has the privilege of granting diplomas. At every monthly meeting one of the members, appointed for the purpose, makes a report upon the prevailing diseases of the past month, and discussions follow the report. These reports are published in the Transylvania Journal of Medicine, and contain, without doubt, much valuable information. The plan is certainly an excellent one, and if the medical societies throughout the United States were to adopt a similar course, would it not tend vastly to the improvement of the profession? Would it not have the twofold effect of disseminating information, and elevating our character in a social point of view? We require something to connect us more firmly together. How you conduct yourselves in New England without more disturbance, is, to the physician of the West, a great matter of surprise. Quarrelling is the most prominent feature in the intercourse of physicians of every important place in the West. I shall take occasion, in some future letter, to enlarge upon the social character of western physicians, and perhaps make some suggestions for its improvement.

The next institution which I propose noticing, is the Lunatic Asylum. This is decidedly the best institution of the kind west of the mountains. The building is large, composed of a central three-story edifice, with wings extending back at right angles. It stands on an elevated piece of ground, several acres in extent, and commands a handsome view of the city and adjacent country, which everywhere, as far as the eye can reach, at this season, presents a very beautiful and inviting prospect. The green fields and meadows, shady forest trees, and flower gardens of the vicinity, seem of themselves sufficient to make the heart of the poor maniac beat with joyous emotion, and restore his mind to its wonted office. Immediately in the rear of the building is a large enclosure, where the patients are allowed to take exercise, and some

few of the inmates are permitted to walk out in front, in the extensive yard. The lower rooms of the middle building are large, for the accommodation of the steward, matron and physician. The rooms of the upper stories and those of the wings are small, though sufficiently commodious, and are heated without fire places or stoves, in such a way as to render the patients comfortable in cold weather, and at the same time to prevent the infliction of the least bodily injury. The patients are treated with all possible mildness, and it is highly gratifying to the feelings of philanthropy to witness the order and neatness which prevail throughout the establishment.

In a late visit to this asylum, Dr. Drake took the following notice of it. "The noblest institution in this city is the hospital for insane persons, established by the State of Kentucky, and admirably managed by a number of intelligent and respectable citizens of Lexington. On a visit to it I have been gratified to meet, among its managers, not a few of the same gentlemen whom I used to meet ten years before, when acting as one of its medical attendants. This continuance in office is as it should be. No charitable institution can flourish under a perpetual change of managers. Even the same kind-hearted steward and matron were there still; and the attending physician, Dr. Theobald, whose urbanity and experience are what the situation requires, has been for several years devoted to the duties of his office. The accommodations, afforded in this establishment, are extensive and well arranged; the warming and ventilation are effected by proper means; cleanliness, quiet and order are obvious in every part; and I feel it quite a duty to recommend the establishment to the friends and physicians of the insane in every western State which has not yet erected a similar edifice, and brought its internal administration to an adequate degree of perfection."

I expect to leave this place to-morrow for Cincinnati, whence I will write you, perhaps, about the first of July.

Yours, &c.

Lexington, Ky., June 20, 1839.

W. J. B.

#### QUACKERY.

[Communicated for the Boston Medical and Surgical Journal.]

THERE never was a period in which such swarms of quacks and impostors overspread the land, as at the present time. We should deem it a thing all but incredible, that men should be so perverse as to die, when so many infallible remedies, to insure their health and to prolong their lives, are held out to them. We can scarcely take up a public print, without meeting with scores of advertisements of "infallible cures," "enviable distinctions," "genuine pills," "specific mixtures," and a thousand other similar announcements.

If we had nothing higher than pecuniary interest in view, we should never open our mouths against this horde of scavengers, in the form of quacks, that pollute everything with which they come in contact. For instead of injuring our profession—instead of taking away our practice and thereby rendering our calling less profitable—they produce precisely a contrary effect. For in nine cases out of ten, when a man puts



himself under their care—when he begins to be dosed, to be steamed, to be peppered, and to be gorged with whatever other things ignorance and unblushing pretension can invent—if he escape with his life he will be sure to require the aid of the physician to restore him to that state of health in which he was before he surrendered himself into the hands of his tormentors. No, we trust we are actuated by higher and purer motives than the mere love of gain, when we lift up our voice against this set of impostors, and warn the public of the disgraceful practices of which they are guilty in order to snatch the means of a precarious subsistence from those who are so unhappy as to fall victims to their savage rapacity.

I once used to wonder, that in our enlightened age—an age in which men require skill and knowledge in every other profession and trade—they should be willing to trust their lives and their health in the hands of those without education, honesty, or even common sense. But when I recollect that men could once believe in the reality of witchcraft, and punish with death those whom they supposed guilty of practising it—when I recollect that nearly all men have at different times been somewhat tainted with the belief in ghosts and goblins—and that in our own times, and among our most enlightened and educated men, may be found those who believe in the jugglery of “animal magnetism,” I am not surprised that men, when laboring under any real or supposed bodily disease, and influenced by the imagination, as men are at such times, should be led to trust to the arrogant pretensions of quacks and impostors. We cannot, then, depend upon the discriminating powers of the public to free itself from the horde of leeches which are now sucking its vital blood.

It is incumbent on the medical profession, in this, as in every other case, to exert itself in the cause of humanity, and do their best to diminish this great evil. And how shall we do this? Shall we enter into a contention with those contemptible plunderers of the public health, who are filling our periodical prints with advertisements of their vile compounds and poisonous mixtures? or, shall we look upon them as beneath our contempt? To enter into a contention with them is out of the question. We should, therefore, point them out to the public in the same manner as we would point out to the unwary traveller the alligator that lies in wait to destroy him.

And in order that we may keep ourselves aloof from these impostors, and point out with a good grace their wholesale and unholy impositions, we ourselves must be irreproachable. We ourselves must be the first to begin the reform; we must elevate, purify, and expurgate our own profession, and make it that high and noble calling which it should be—a calling worthy of being followed by men of the greatest talents, men on whom the tongue of slander cannot have the least impression, and whom the rancor and venom of quacks will only serve to show in a more enviable light. When we can do this—when we can make the medical profession, in every respect, what it should be—quackery will of itself die away, as the mushroom, which has grown up in the night, withers beneath the glowing radiance of the noon-day sun.



And how are we to elevate our profession? We must begin *ab initio*—must begin with those who are just entering its ranks. The standard of education must be raised among medical men, and a longer time than is now required must be expended in fitting medical students for the discharge of the all-important duties of their profession. If there is any profession that requires a cultivated mind, a judgment strengthened and matured by study, and a disposition rendered mild and benevolent by the culture of the *litteras humaniores*, it is emphatically the medical profession. The profession of medicine should rank equal to, if not above, the other learned professions, instead of being the lowest on the list, as it now is; and the only way of making it such as it deserves to be, is by filling its ranks with such men as are able to support its dignity. It should be filled with men who are above all grovelling and sordid interests, and who, with undefiled hands, are able to minister at the altar of the goddess to whose service they are devoted. When this shall take place—when the medical profession shall be filled with men who are themselves free from every imputation of quackery, and who are able to look upon every approach to empiricism and frown it down with that sovereign contempt which it deserves—that host of quacks which now abound throughout the land, will fall into the obscurity which their character so richly merits.

It has too often been the case, that we ourselves have been the cause of advancing the progress of quackery. We too often have been divided on points of minor importance; we too often have entered into fierce contentions concerning things of little value; and whilst “the house has been divided against itself,” and the attention of the guardians of health been called off in another direction, the empiric has had the opportunity given him of foisting his wholesale impositions, and committing his depredations, on the public. But we hope and trust that the day has at length arrived when contentions and animosities among members of the profession are to be done away; and when quacks and quackery, and all the unholy practices of the empirics which now over-run the land, shall be numbered among the “things that were.” N. H. ALLEN.

Gray, May 28th, 1839.

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#### HOOPING COUGH.

MR. LINACRE stated, at a recent meeting of the Medical Society of London, that he had employed vaccination as a means of relief in two cases of hooping cough. The disease had continued for fourteen days before he inserted the vaccine lymph. As the vesicle proceeded to maturity the severity of the paroxysms of pertussis became remarkably mitigated, though in their frequency they were undiminished. The children were well in a month from the performance of the vaccination.

Mr. Clifton saw nothing extraordinary in hooping cough running its entire course in six weeks. He had generally, indeed, found this to be the average duration of the disease, which was three weeks in reaching its acme of violence, and the same time in declining. When the little

patients were kept in a regulated temperature, and the general health was attended to, he had never known pertussis of more than six weeks' duration. When subjected to the above treatment, which could only, however, be carried perfectly into effect in the better classes of society, hooping cough was but a mild disease; indeed, he had not, during twenty-five years, lost a single patient in whom these regulations had been put in force. Regarding vaccination, and other supposed specifics, in this disease, he considered that they owed their reputation rather to the natural decline of the affection than to any virtue of their own. He should, however, be fearful of trusting to vaccination as a preventive of smallpox, when it was performed during a disease like hooping cough, which, he considered, would materially affect its influence. He should, therefore, in cases where vaccination was employed in the treatment of hooping cough, repeat the process after the pertussis was quite cured. Everybody knew that hooping cough in the summer was never a severe disease, and by a regulation of temperature it was quite as harmless in the winter.

Mr. Leese had treated many cases of hooping cough by vaccination. He inserted the lymph at about the fourteenth day of the disease, the latter stages of which were by this means much mitigated. He did not consider that vaccination, by running its course during the presence of hooping cough, would lose any of its prophylactic power over smallpox, provided the symptomatic fever was sufficiently severe, and the vesicle run its proper course.

Dr. Bennett admitted the great advantage of a regulated temperature as a means of treating hooping cough; but he was surprised that Mr. Clifton had never seen a case in which the disease had gone beyond the sixth week when thus treated. He had seen many cases in which, after the sixth week, the cough became of a chronic character, and change of air was the best possible remedy. An equable temperature, though so valuable an auxiliary in the treatment of pertussis, could not be carried into effect among the poorer classes of patients. What, then, in the absence of this regulation, was the best treatment to pursue? Hooping cough, when fatal, was generally so in the latter stage, from the brain becoming affected. There were two classes of cases in which this occurred; in one general bronchitis supervened upon the hooping cough; the paroxysms accordingly became more severe, and the cerebral symptoms were accounted for. In other cases there was not sufficient bronchitis to explain the head affection. He had seen several such cases in young children under twelve months of age, and the chief indication in whom was to guard against the cerebral mischief, by leeching behind the ears, the more vigorous application of counter-irritants down the spine, and occasionally a blister. Some cases, however actively treated, would nevertheless end fatally. He had often thought, though he had never been bold enough to put the plan into practice, that we should be justified, in spite of the cerebral symptoms, in the employment of antispasmodics and even of opiates to relieve the paroxysms of the disease; as the relief thus afforded would tend greatly to diminish the danger attending the head affection.

Dr. Theophilus Thompson admitted the value of an equable temperature in the treatment of hooping cough. He thought in many cases where the disease seemed protracted, that the cough was the mere result of habit, and that a little tonic or antispasmodic medicine would be as beneficial as change of air. When patients were kept in a regulated temperature pertussis was seldom fatal. It might, however, be complicated with inflammation of the bronchi or the substance of the lungs; the success of the treatment would then depend mainly upon prompt and vigorous antiphlogistic measures. The complication of emphysema with hooping cough was not, however, unfrequent; and when the emphysema existed to a great extent the case was hopeless. In cases of this kind the practitioner found the respiration much oppressed, and on putting his ear to the chest would detect a crepitating rhonchus something similar to that which was present in pneumonia, and liable, on a cursory examination, to be mistaken for it. A more careful attention to it would, however, detect the rhonchus to be of a dryer kind than that indicative of pneumonia, and percussion instead of being dull, would, in fact, be clearer than usual; the pulse would also be indicative of debility. In such cases slight stimulants and tonics were the best remedies. If the case were slight a cure would probably be effected; if, however, it were severe, then the pressure of the enlarged air-cells upon the other parts of the lungs would induce suffocation, or fatal cerebral disease. It was of great importance to watch very carefully such children as were disposed to emphysema; they were generally healthy in appearance to the general observer, but the medical man would know that appearance to be a fallacious one. These patients were generally of a phlegmatic temperament. Regarding an equable temperature in hooping cough, though valuable, it was not of itself a sufficient means of treatment; we should, in addition, employ every remedy in our power to get rid of the cough. To effect this, he thought antispasmodics had more influence than was generally supposed, and that prussic acid, when pure and good, was one of the best antispasmodics; it had also the advantage over other remedies of this class, in being admissible in the earlier stages of the disease, and during the prevalence of bronchitis or pneumonia. In the latter stages of the disease, when the secretion was free, and the inflammation subdued, anodynes, counter-irritants, and the artificial musk, were valuable remedies. He had lately employed a new remedy in this disease, after the second or third week of its existence, and though at present his experience had been limited, he had, in all cases in which he had employed it, found it had a most marked effect in checking the paroxysms. This remedy was alum, in doses of two or three grains to a child of three years of age, two or three times in the course of the day. He had never increased the dose beyond five grains to children of eight years of age. He generally combined the alum with the extract of hemlock, but this was not essential to the production of its effects.

Mr. Dendy allowed that regulation of temperature was of great importance to patients with hooping cough; but even, with the greatest attention to this important point, he had lost children from the occurrence

of cerebral disease. In eighteen out of twenty fatal cases of pertussis, he believed that the death resulted from congestion of the brain. What was the essence of whooping cough? He believed that it mainly consisted in the very peculiar glairy secretion which was present in the disease, and that by getting rid of this secretion, or by altering its character, the paroxysm was cut short, and the child relieved; this secretion was often so viscid at the upper part of the respiratory tube as to produce suffocation. To its beneficial effects upon this secretion, one of the most popular of all remedies in whooping cough, owed its fame—the carbonate of soda, with a little cochineal to color it. Alkalies were of great effect in altering the character of the secretion in question.

Mr. Headland believed that most of the mortality from whooping cough was to be attributed to doing too much rather than too little. To warm air, mild purgation, and, in the latter stages, carbonate of potash and counter-irritants, no addition, generally speaking, could be usefully made.

*London Lancet.*

## BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 24, 1839.

### DISEASES OF THE UTERUS.\*

A MORE useful publication, we apprehend, has not been presented to the profession of this country, for years, than the one under consideration, just from the press of Mr. Ticknor, Washington street. It is a fair volume, in a plain, neat type, having four hundred pages, closely and profitably occupied with that kind of practical knowledge which will be acceptable to all orders of practitioners. It contains a series of clinical lectures delivered at the Hospital La Pitié, by M. Lisfranc, translated by our townsman, Dr. Lodge, who deserves the warmest commendation for the fidelity and accuracy with which he has executed the undertaking.

The work is divided into four parts. Under the various subdivisions may be found an orderly arrangement of the many topics which were the subject of the lectures. In the first chapter minute anatomical observations are presented on the structure of the organs in the pelvic cavity, &c. Chapter II. explains the mode of examination employed to ascertain the condition of the organs. Part II. is devoted to the consideration of the diseases of the uterus generally. Part III. embraces the author's views of menstruation, uterine hemorrhage, or menorrhagia, leucorrhœa and hysteria. Part IV. expressly treats of the subjects of sub-inflammation unattended by engorgement or any appreciable change in the structure of the uterus; engorgement, erythemata and eruptions, ulcers and vegetations on the neck of it. Finally, amputations of the neck of the uterus, extirpation of the entire organ, foreign bodies attached to the uterus or developed in its vicinity, together with remarks upon the displacement of the uterus, and the value of pessaries, bring the book to a close.

\* *Diseases of the Uterus*:—a series of Clinical Lectures, delivered at the Hospital La Pitié, by M. Lisfranc, and edited by H. Pauls, M.D. Translated from the French by G. Henry Lodge, M.D. Boston: William D. Ticknor, 1839. 8vo., p. 401.

There is no particular place where extracts could be made, by way of illustrating the value of these lectures. A title of the chapters, it is presumed, will enable those who have felt the obvious want of some guide of this sort, to appreciate the critical researches of the celebrated surgeon of La Pitié.

Dr. Lodge deplors the difficulties with which medical advisers are obliged to contend in relation to diseases of the uterus and its appendages; indications of treatment are based, in a good degree, upon symptoms, and not from pathology. Hence the want of success in prescribing remedies. He says, "It is impossible to say how soon the profession may enjoy greater facilities for studying this highly important class of diseases, so intimately connected with the comfort and happiness of the individual, the sanctity of the marriage vow, and the reproduction of the species." We fully agree with him, that *it is impossible to say how soon*. We cannot be mistaken, however, in predicting that the whole character of the sex, and the entire system of education, must be radically changed, and that females, however important it may be to their individual health or happiness to throw away all innate feelings of instinctive or cultivated delicacy, will compel their medical counsellors to guess at some of their maladies, as they have for twenty centuries past, before they unreservedly submit to those explorations so pathetically noted as a desideratum in the onward march of modern pathology. Particular circumstances alter cases—a false modesty is no modesty at all. Nothing but an absolute necessity could possibly justify a practitioner in urging his patients to examinations painful to the moral sense.

Such are the intrinsic merits of Dr. Lodge's translation, that it commends itself to the attention of the medical public. It is precisely such a production as our Medical Society would gratify the members in distributing on the day of its anniversary.

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*Worcester Medical Convention.*—On the 10th of July, the committee chosen at the annual meeting of the Massachusetts Medical Society, by the Counsellors, to consider and report on certain propositions submitted to the Council, assembled at Worcester. Nothing essential has come to hand in regard to the meeting, further than that it is said a most excellent spirit was manifested by the members, and that they agreed upon a report which will come before the Council at the session in October. By some untoward circumstance, one or two of the delegates were prevented from being present.

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*Medical College of Philadelphia.*—In the American Medical Library it is announced that a bill has passed the Legislature, within a few weeks, for the erection of another medical school in Philadelphia. The project has been agitated a considerable time, very much against the wishes, so it has been understood hereabouts, of those on whose good judgment and candor the public have generally been willing to rely. That a charter has been obtained through much tribulation, seems quite probable, from the circumstance that all such achievements are usually opposed by some one. The theory has been, that it was utterly impossible to sustain another school of medicine in a city in which there were two already. Now the sentiments advanced by the editor of the Medical Library, who must of course be considered an interested person, occupying, as he does,

a chair in the Jefferson School, show very clearly that he entertains enlarged views and generous feelings, which will redound to his honor in after days. He remarks, "We are not aware of its provisions (the bill), but we trust they are of such a character as to tend still further to increase the proper facilities afforded by Philadelphia for the attainment of medical instruction." The fact is, with only a tolerable degree of prudence in the management of these three institutions, accompanied with a commendable degree of courtesy towards the multitude of students who will ultimately wend their way there, Philadelphia must and will, at a future day, swallow up some of the smaller institutions, and educate a great proportion of the physicians and surgeons in the United States.

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*Phrenological Journal.*—At no time since the commencement of the American Phrenological Journal, have the editors shown more activity and industry in the field to which their labors are confined, than at the present moment. No. 10, for July, exhibits the same care and good judgment which have characterized the entire series from the beginning. Even the opponents of the science must admire the patient researches of these philosophers. An article on *temperaments*, at page 361, is beautiful, and convinces the understanding that it is true. Such papers arrest the attention, and do more towards inducing foes to investigate for themselves, than whole volumes written after the fashion of Mr. Warne's dissertation on fatalism, necessity, and human responsibility.

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*Insane Poor of Pennsylvania.*—From the American Medical Library, Vol. III., No. 7, we learn that the Legislature of Pennsylvania has passed a bill for the establishment of an institution for the reception of the insane poor, which must be gratifying to every friend of humanity. Every State in the Union, at no very remote period, it is most fervently hoped, will make provision for this unfortunate class of beings, which will reflect honor on our common country.

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*Dr. Trowbridge.*—This distinguished surgeon, who has resided for about thirty years in the northern part of the State of New York, extensively engaged in operative surgery, has lately removed, in the zenith of usefulness, to Painsville, Ohio. This removal probably has reference to a connection with Willoughby University, in which he is professor of surgery.

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*Medical Miscellany.*—The City Council of Boston have appropriated eight thousand dollars for the erection of a hospital for the House of Correction.—Notice having been received that the Common Council had again non-concurred with the Board of Aldermen in the choice of Resident Physician of the public institutions at South Boston, it was resolved, that in consequence of the existing difference of opinion between the two boards in relation to such elections, it is expedient to receive further applications for said office; it was therefore ordered that the City Council will receive applications for said office until the first day of August next. Monday, August 6th, was assigned for the choice on the part of the Board of Aldermen. On the first of June, the period limited for receiving the names of applicants for the office, it is understood that there were seven-

teen; but Drs. A. B. Snow and J. B. S. Jackson, of Boston, have been the prominent candidates, the first having been several times elected by the Common Council, and the latter by the Board of Aldermen.—Dr. S. M. E. Goheen, who has been some time in Liberia, has returned to this country.—A woman, of Greenville, Penn., died a short time since, after a few hours' sickness, in consequence of drinking a tea made of meadow saffron, supposing it to be spikenard. Three of her five children, at the last accounts, were near dying from the same cause.—The Coroner of the Western Division, Middlesex, London, says there are held annually, 1500 inquests—900 of which are caused by intoxicating drinks.—The annual circular from the Medical School of Dartmouth College has been received. Drs. Crosby and Hubbard, members of the faculty, have opened a school for private instruction—the tuition being only *forty* dollars a year, and yet the facilities are uncommonly good.—A physician in England, who attends a charitable institution for a low salary, is accused of administering to one of the members, pills which were found, after a little magnesia was washed from the surface, to be common *FEAS*. Some of them, it is said, were planted in the earth, and are now actually growing. The patient, therefore, is likely to raise his own "*vegetable medicines*" hereafter.—Two instances have lately been noticed, in England, in which the editor of a newspaper, spurning the bribes which were held forth, has kept his columns free from the quack advertisements which almost universally degrade the newspaper press, both in Britain and America. This is a small number, truly; but can as many be found in this country?

TO CORRESPONDENTS.—We have received Dr. Bacon's answer to Dr. Allen, but we hope that, on reflection, the writer will agree with us that it is inexpedient to continue so personal a controversy further. Some remarks in this day's Journal, written by Dr. A. before the commencement of the present discussion, are worthy of consideration by both, as well as by all other members of the profession.

DIED.—By drowning, at Port Deposit, Maryland, Dr. A. C. H. Tate.

Whole number of deaths in Boston for the week ending July 30, 35. Males, 20—females, 15.  
Of consumption, 6—scarlet fever, 11—child-bed, 1—sudden, 1—jaundice, 1—dropsy, 2—infantile, 2—*fits*, 1—liver complaint, 1—cancer, 1—teething, 1—casualty, 1—fever, 1—dropsy in the head, 1—bursting bloodvessel, 1—suicide, 1—lung fever, 1—stillborn, 4.

#### FOR SALE,

At this office, one complete set of the Boston Medical and Surgical Journal, belonging to the estate of a physician lately deceased. The volumes from I. to VII. are neatly bound in half-yearly Parts, the others are in sheets. Price \$1 25 a volume, or \$3 50 a year, for the whole, bound and unbound.  
Also, vols. VI., VII., VIII., and XIV., XV., XVI. of the New-England Journal of Medicine and Surgery, bound.

The new edition of Dunglison's Medical Dictionary may be obtained as above.

#### TREMONT-STREET MEDICAL SCHOOL.

THE subscribers, at their private medical school in Tremont street, offer the following facilities to professional students.

1. A daily attendance at the wards of the Massachusetts General Hospital.
2. Attendance at the Massachusetts Eye and Ear Infirmary.
3. Opportunities of seeing interesting cases and surgical operations in private practice, in the dispensaries and elsewhere.
4. Occasional opportunities for obstetric practice.
5. Lectures on surgery, and practical demonstrations in anatomy from recent subjects.
6. Regular examinations, as far as desired, in all the branches, in the interval between the lectures of Harvard University.
7. A private dissecting room, in which during the last year an abundant supply of anatomical subjects has been gratuitously furnished.

Eighteen gentlemen have entered this school since its commencement in September last.

JACOB BIGELOW,  
EDWARD REYNOLDS,  
D. HUMPHREYS STORER,  
OLIVER W. HOLMES.

Boston, May 15, 1839.

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## MEDICAL LECTURES IN BOSTON.

THE Medical Lectures in Harvard University will begin in the Medical College, Mason street, Boston, the first Wednesday in November next, at 9 o'clock, A. M., and continue sixteen weeks.

Anatomy, and Operations of Surgery, by	JOHN C. WARREN, M.D.
Chemistry, by	JOHN W. WEBSTER, M.D.
Midwifery and Medical Jurisprudence, by	WALTER CHANNING, M.D.
Materia Medica and Clinical Medicine, by	JACOB BIGELOW, M.D.
Principles of Surgery and Clinical Surgery, by	GEORGE HAYWARD, M.D.
Theory and Practice of Physic, by	JOHN WARE, M.D.

At a meeting of the Faculty, it was  
Voted, "That no two courses of Lectures shall be admitted to qualify students for gratuitous admission to Lectures in this School which have not been attended in separate years, or at least six months from each other."  
WALTER CHANNING, Dean of the Faculty of Medicine.

Boston, July 10, 1839.

Jy 17—1N

## MEDICAL LECTURES: DARTMOUTH COLLEGE.

THE annual course of Lectures in the New Hampshire Medical Institution will commence at Hanover on Thursday, the 8th of August, 1839, and be continued 14 weeks, by the following members of the faculty.

JOHN DELAMATER, M.D., Professor of Materia Medica, Obstetrics, and Diseases of Women and Children.

STEPHEN W. WILLIAMS, M.D., Lecturer on Medical Botany and Medical Jurisprudence.

ELI CROSBY, M.D., Professor of Surgery and Surgical Anatomy.

ELISHA BARTLETT, M.D., Professor of Theory and Practice of Physic and Pathological Anatomy.

OLIVER P. HUBBARD, M.D., Professor of Chemistry and Pharmacy.

OLIVER WENDELL HOLMES, M.D., Professor of Anatomy and Physiology.

F. A. EDDY, A.M., Demonstrator of Anatomy.

Fees for the course, \$50.00. Matriculation, \$3.00. Graduating expenses, \$18.00.

OLIVER P. HUBBARD, Secretary.

Hanover, N. H., June, 1839.

June 26—3t

## VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office.

June 19

## COLLEGE OF PHYSICIANS AND SURGEONS OF THE WESTERN DISTRICT OF THE STATE OF N. Y. (FAIRFIELD, HERKIMER CO.)

THE Lectures commence on the first Monday in October, and continue sixteen weeks.

Anatomy and Physiology, by	JAMES MCNAUGHTON, M.D.
Chemistry and Pharmacy, by	JAMES HADLEY, M.D.
Materia Medica and Medical Jurisprudence, by	T. ROMEYN BECK, M.D.
Practice of Physic and Obstetrics, by	JOHN DELAMATER, M.D.
Surgery, by	FRANK H. HAMILTON, M.D.

Fees for the whole course, \$56.

JAMES HADLEY, Registrar.

Jy 17—4t

## ALBANY MEDICAL COLLEGE.

THIS Institution received its charter from the Legislature of the State during the past winter, and commenced operations with a class of sixty-five students; thirteen of whom received the degree of Doctor in Medicine at the close of the session. The college edifice and its accommodations; the museum, theatre, dissecting rooms and laboratory, are all on a scale of magnitude and excellence equal, it is believed, to those of any similar institution in the country.

Choice and extensive collections of anatomical specimens and morbid preparations, with cabinets of materia medica, botany, mineralogy, geology, and zoology, together with casts, plates, drawings, models, instruments and apparatus for illustrating the different departments of study, have all been provided and arranged in the museum of the college, which will be open for the inspection of students during the lecture term.

The ensuing session will commence on Tuesday, October 1st, 1839, and continue sixteen weeks. The faculty consists of the following gentlemen.

ALDEN MARCH, M.D., President of the Faculty, and Professor of Surgery.

EDENEZER ENMONS, M.D., Professor of Chemistry and Natural History.

DAVID M. REESE, M.D., Professor of the Theory and Practice of Medicine.

JAMES H. ARMSBY, M.D., Professor of Anatomy.

DAVID M. MCLACHLAN, M.D., Professor of Materia Medica and Therapeutics.

GUNNING S. BEDFORD, M.D., Professor of Obstetrics.

THOMAS HUN, M.D., Professor of the Institutes of Medicine.

AMOS DEAN, Esq., Professor of Medical Jurisprudence.

The fee for all the courses is \$70. Matriculation fee, \$5. Graduation fee, \$20. Price of boarding, from \$2 50 to \$3 50 per week. For further particulars inquire of either of the gentlemen of the Faculty.

Albany, July, 1839.

Jy 17—40

JAMES H. ARMSBY, Registrar.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, *post paid*. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.